



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re U.S. Patent Application of)

SUZUKI et al.)

Art Unit 2629

Application Number: 10/773,365)

Examiner
Nguyen, Jennifer T.

Filed: February 9, 2004)

For: DISPLAY APPARATUS)

Attorney Docket No. HITA.0512)

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE | CALCULATION |
|---|-----------------------------|-------------------------|---------------------|---------|-------------|
| Total Claims | 24 | 24 | XXX (Over 20) | x \$50 | 0 |
| Independent Claims | 4 | 4 | 1 (Over 3) | x \$200 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | + \$360 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). | | | | x ½ | |
| | | | TOTAL | | 0.00 |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x] Response to Office Action
(w/claim amendments)
[] Substitute Specification
[] Preliminary Amendment
[] Information Disclosure Statement
w/PTO Form 1449 & refs.

[] Petition for Extension of Time
[] Terminal Disclaimer
[] Letter to Draftsperson w/ ___ sheets of
replacement drawings
[] Other _____

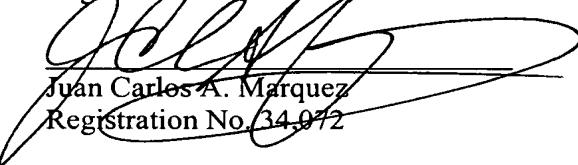
Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for
_____. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the _____ fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this
communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit
Account Number 08-1480**.

Respectfully submitted,

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August 30, 2007



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RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111

Sir:

This is in response to the Office Action dated May 30, 2007, the period for response to which expires on August 30, 2007. Please amend the above-identified application as follow.